

SHARE

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

714

VENDOR #



DATE 04/03/2012

Payee

\$ 300.00



Fund / Agency

000 66500

Document Number

AP 00289047

B4R

COD3

B4RCOD3

State of New Mexico
Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsofDate 03/29/2012

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting	Period	PurchaseOrder	Invoice Number	Total Amount
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Number	Line	Line#	Description	WithHold	Year	Month						
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00289047	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001		2012	03	0000084624	mcGrath, B. 3.21	300.00
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Total For Voucher												300.00
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RECEIVED

MAR 30 2012

**DFA
FINANCIAL CONTROL**

FCD Audit Bureau

Gycoideh

AGENCY NAME New Mexico Department of Health

**STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES**

PAGE 2

DATE 3/21/12

AGENCY CODE 66500

VOUCHER NUMBER 00289047

NAME Brad McGrath	CAR LICENSE NUMBER GS-02222	POST OF DUTY Roswell	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER [REDACTED]	MODEL Ford	RESIDENCE Roswell	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY 8am TO 5pm	YEAR 2011		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
3/21/12	6:00am		Depart Roswell to Santa Fe to meet with Secretary and attend Hospital Administrators meeting overnight Santa fe rates apply				135.00 ✓		135.00 ✓
3/22/12			Overnight Santa Fe rates apply				135.00 ✓		135.00 ✓
3/23/12		6:30pm	Depart Santa Fe to Roswell partial day per diem-12.5 hrs				30.00 ✓		30.00 ✓

PER DIEM IS BASED ON (CHECK ONE) ACTUAL <input type="checkbox"/> APPROVED RATES <input checked="" type="checkbox"/>	I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher. _____ Employee Signature Date	TOTALS			✓ 300.00		✓ 300.00
		Advance Amount @ 80%					
		Adjusted Reimbursement					

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the PerDiem and Mileage Act.


I, **Brad McGrath**

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE

☒ *[Signature]*

3/23/12

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Business Unit: 66500

Voucher ID: 00289047

Voucher Style: Regular

Invoice Number: mcGrath, B. 3.21-3.23 S.Fe

Invoice Date: 03/28/2012

Total: 300.00

Vendor: MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE, NM 87502

*Pay Terms: ☒ Pay Now ☐ Schedule Payments

Saved

Payment Information

Find | View All First 1 of 1 Last

Scheduled Payment: 1


*Remit to:  Location: 001 *Address: 1 

MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N-3059
SANTA FE, NM 87502

Gross Amount: 300.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 03/28/2012 

Net Due: 03/28/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: CHK Check


Message:

Pay Group:

*Handling: RE

*Netting: N [Messages](#)

Message will appear on remittance advice.

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Business Unit: 66500

Invoice Number: mcGrath, B. 3.21-3.23 S.Fe

Voucher ID: 00289047

Invoice Date: 03/28/2012

Voucher Style: Regular

Total: 300.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross 




Match Action

*Status: Ready ☐ Pay UnMatched Voucher

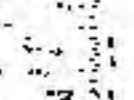
Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) 

SBI Number:

Prepayment

Prepayment Reference: ☒ Automatically Apply Prepayment☐ Postpone Withholding

Letter of Credit

Letter of Credit ID:  

Tax Group